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TELEFAX

Date: July 6, 2005

Total pages: 5 including cover

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Our Docket No. LEN 102

Client/Matter No. 077829/00006

Your Docket No.

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: M. Rigdon Lentz

Serial No.: 09/709,045

Group Art Unit: 1647

Filed: November 10, 2000

Examiner: Lorraine Spector

For: *METHOD AND SYSTEM TO REMOVE CYTOKINE INHIBITOR IN PATIENTS*

Attachments:

Transmittal Form PTO/SB/21

Fee Transmittal Form PTO/SB/17

Petition for Extension of Time

Notice of Appeal

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NO. 4786 P. 2

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/709,045	
	Filing Date	November 10, 2000	
	First Named Inventor	M. Rigdon Lentz	
	Art Unit	1647	
	Examiner Name	Lorraine Spector	
Total Number of Pages in This Submission	4	Attorney Docket Number	LEN 102

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature	<i>Rivka D. Monheit</i>		
Printed name	Rivka D. Monheit		
Date	July 6, 2005	Reg. No.	48,731

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Carla Stone</i>		
Typed or printed name	Carla Stone	Date	July 6, 2005

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PTO/SB/17 (12-04)

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number: 09/709,045 Filing Date: November 10, 2000 First Named Inventor: M. Rigdon Lentz Examiner Name: Lorraine Spector Art Unit: 1647 Attorney Docket No.: LEN 102	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$ 700.00)			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Filing Fees	Small Entity	Search Fees	Small Entity	Examination Fees	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims							
- 20 or HP = 0 x =							
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims							
- 3 or HP = 0 x =							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets							
- 100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Notice of Appeal (\$250) and 3 Month Extension of Time (1 Month previously paid on May 6, 2005) (\$150)							700.00

SUBMITTED BY			
Signature	<i>Rivka D. Monheit</i>	Registration No. (Attorney/Agent)	48,731
Name (Print/Type)	Rivka D. Monheit	Telephone	(404) 879-2152
		Date	July 6, 2005

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